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English and Cross-Cultural Orientation for Foreign Medical Graduates: A Report and Proposal

Submitted in partial fulfillment
for the Master of Arts in Teaching Degree
from the School for International Training

MAT II

Karen Breen Robinson

July 1, 1973

In June of 1971, Mr. Bruce Schraft of the Department of Training of the Norwalk Hospital, Norwalk, Connecticut, contacted the Master of Arts in Teaching Department at the School for International Training in Brattleboro, Vermont, and asked for assistance in planning an English language and cultural orientation program for their incoming group of foreign interns and residents. He asked if someone from the school could come to Norwalk and teach such a program for the summer. I was asked by Mr. Ray Clark, chairman of the Master of Arts in Teaching Department, if I would do it as my Independent Study Project for the Master of Arts in Teaching degree, and I agreed.

It was my understanding that I would organize and teach English language classes and organize a cross-cultural orientation program. My inability to accomplish these objectives stemmed from an overriding problem I faced upon my arrival at the hospital: antagonism from some directors of the various medical services in the hospital. They seemed to believe that the Foreign Medical Graduates had no other "raison d'etre" than to take care of patients, and saw no necessity for any "extracurricular" programs. The doctors, therefore, had no time to attend classes. I also discovered that the hospital offered no type of orientation for these Foreign Medical Graduates. Being unable to organize English or cross-cultural

orientation classes for the reason stated above, I spent most of my time organizing basic area orientation activities for the families of the Foreign Medical Graduates.

My report to the Norwalk Hospital is, therefore, basically a guideline as to what should be done for these Foreign Medical Graduates and not a report of what I actually accomplished.

The problems of establishing language and cross-cultural orientation programs for the Foreign Medical Graduates "in" the hospital seemed insurmountable; even when the doctors did come to class they were either tired or preoccupied with their medical duties. It seemed that the only solution was to have these programs in another environment in which these programs would be the primary and not the secondary concern of the Foreign Medical Graduates. With this objective, I wrote a proposal to establish an English language and cross-cultural program for Foreign Medical Graduates at The School for International Training.

English and Cross-Cultural Orientation for Foreign Medical Graduates: A Report

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"Effective participation in the medical management of patients is impossible without an appropriate degree of appreciation by the foreign trained physicians of the cultural backgrounds of their patients. Such appreciation is unlikely to develop in the absence of carefully planned and conscientiously conducted programs of contact with a wide cross-section of American family life and of other non-medical activities characteristic of the American way of life.

Special educational activities should be designed to correct these deficits in the area of professional medical knowledge, and in some cases in the use of the English language."

American Medical Association

The following report is based on the need expressed by the American Medical Association for the non-medical programs necessary for more effective doctors. This report contains two sections; guidelines for an English language program, and guidelines for an orientation program for the doctors and their families.

Although there have been Foreign Medical Graduates in the Norwalk Hospital since 1954, only recently has the need for an English language program been recognized by hospital personnel. At the Norwalk Hospital, many of the house staff have requested English language classes, and the placement tests given the current house staff show that approximately one-third would benefit from having these classes. The doctors have stated that although they are able to read and write English--in a medical context-- they have problems speaking and understanding the American English idiom of their patients. In February of this year, a patient survey (on file in the Department of Community Relations) contained a complaint from a patient who was extremely upset due to being examined by a doctor who did not understand or speak English well. The English language program as outlined, by placing the emphasis of the course

on speaking and understanding, not reading and writing, should help alleviate this type of problem.

The FMG's, besides being interns and residents at Norwalk Hospital, are visitors to our country and many things are very strange to them. By providing a welcome to these foreign visitors, Norwalk Hospital can insure the continuing availability and quality of FMG's at Norwalk Hospital. Part of the orientation program as outlined would eliminate problems like the following; one of the members of the new house staff arrived on a holiday, and having no previous instructions, "wandered around the hospital" until he found someone to help him. Upon reaching his apartment, he discovered that the key did not fit and spent another hour trying to get into the apartment. He stated that he would recommend that none of his associates come to Norwalk Hospital. This is not an isolated incident; other doctors have expressed similar viewpoints. Other doctors have expressed dissatisfaction with the lack of facilites for their families. This orientation provides needed information preceding, during and after the arrival of the FMG's plus programs for their families and cultural orientation to help the FMG's and their families become better acquainted with the Norwalk Community.

Given the above examples to illustrate that the English language and orientation programs are needed at Norwalk Hospital and how these programs would meet these needs, the following report is submitted.

ENGLISH LANGUAGE PROGRAM

PREFACE

I would like to preface this part of the report with what I feel is a basic decision the Hospital must make if it is going to have a useful and productive English program.

Mr. Bruce Schraft in his report on the last English language program stated that "the major problems faced in conducting this class were (1) continual interruptions by hospital personnel because of 'emergency' needs--needs that could have been handled by others on call, and (2) the fact that the interns would not be released from certain services (specifically surgery) to attend these classes." So far, I have encountered the same problems in this program. A typical class consists of having one or two doctors on time; paging other doctors to remind them about the class; being told that one or two doctors would not be able to be in class because they were busy elsewhere--usually surgery; having the telephone ring from five to ten times during the class, with doctors excusing themselves to answer it; and having at least one doctor leave the class completely due to an "emergency" call. Since the classes are only one hour long, this does not leave much time for any constructive teaching or learning. To have an effective teacher, and, therefore, an effective classroom situation, there must be a fairly stable atmosphere. This has not yet been established in

these English classes.

I realize, of course, that this is a hospital, and that these "students" are doctors with patients for whom they are responsible. However, if it is determined that a doctor needs English classes, then he is helping those patients more by staying in class and learning how to communicate with them.

The Hospital must decide, therefore, that <u>if</u> it is going to have English classes, then <u>everyone</u> in the hospital must cooperate.

ENGLISH LANGUAGE PROGRAM

GUIDELINES

1. A test of English language comprehension should be given to all incoming Foreign Medical Graduates who have not lived in the United States for at least one year prior to coming to the Norwalk Hospital. This test should be administered as soon as possible after their arrival. One test available is the University of Michigan Aural Comprehension Test.
2. Doctors for whom language classes are deemed necessary should begin classes immediately. (If the Michigan test is used, this would be those who score below 80%.) These classes should become part of the monthly meeting schedule, and these doctors should not be required to be any where else during class hours.
3. Classes should be given in two to three month sessions with a one to two week rest period between them to allow time for progress evaluations.
4. Ideally, classes should be held every day. However, three times a week for one hour, or twice a week for one and one half hours should be the minimum, with the former preferable.
5. During class only English should be spoken. The doctors should not be allowed to speak in, or translate into, their native languages.
6. The instructional method used in class should be basically aural/oral (listening and speaking).

7. The primary objective of the course should be the speaking and understanding of standard spoken American English within the context of the most immediate need of the doctors--patient--doctor conversations, specifically during the taking of patient histories. The doctors should learn standard English terms for medical terminology, and learn to understand patient replies. (For example, to understand that "Watcha doin'" means "What are you doing," and that "Doc, my kid's got a bellyache" means "Doctor, my child has a pain in his stomach.") While it is not necessary--nor an objective--that these doctors learn to speak what is commonly referred to as "slang," it is necessary that they be able to understand it in reference to their patients. One teaching device that can be used is "role playing," in which the instructor or other native speakers pretend to be patients with varying ailments. Audio and video- tape recordings of role play situations for the doctors' individual usage could be beneficial.

8. A secondary objective is the speaking and understanding of standard English in other than immediate contexts: practice of individual problem sounds, sentence patterns and structures, and idioms. (Some recommended textbooks are on file in the Department of Training.) The doctors should watch television--especially interview programs-- as much as possible. Films, debating and reporting orally on television programs or movies in class are other devices which can be used to further speaking and listening comprehension.

9. Evaluation testing should be done at the end of each session, using the Michigan test again or other testing materials pre-

ferred by the instructor. Evaluation and progress reports should also be written by the heads of the services on which the doctors are serving. By combining this report with the classroom report, a clearer view of the progress of each doctor can be determined. The progress level expected of each doctor is a command of basic spoken English as evidenced in patient--doctor situations. If an individual doctor does not meet this level--determined by the evaluation reports--he should be required to attend the next session of English classes.

ORIENTATION PROGRAM

PREFACE

This Orientation Program is not just to help Foreign Medical Graduates and their families adjust to the Norwalk Hospital, the Norwalk area, and to cultural aspects of American life, but also to orient the Hospital to the Foreign Medical Graduate by showing the needs of these doctors, and how the Hospital can alleviate some of their problems. The Hospital, in bringing these doctors into this country, has as much responsibility to them as they have to the Hospital. The Hospital is obligated to do as much as possible to "make them feel at home."

ORIENTATION PROGRAM

GUIDELINES

1. BEFORE ARRIVAL:

HOMESTAYS: For single doctors and couples who do not have children and are able to come to the United States one month before they are due at the hospital, a "homestay"--living with an American family for a month--can be arranged through The Experiment in International Living in Putney, Vermont. There is a small fee to participants, and one is expected to enter these families as a member of the family and not as a guest. In other words, a participant would be expected to help with minor household tasks and participate in family activities. Homestay situations can be very valuable; by living with a family, many aspects of culture and language can be discovered that would not ordinarily be available to a foreign visitor. The Hospital should notify The Experiment at least three months in advance of the expected homestay period and give them information about the doctors who wish to participate.

INFORMATION CONCERNING LOANS: During correspondence with the doctors before arrival, advise them that obtaining bank loans for cars or other items is difficult for visitors to the United States due to the fact that they have no established credit rating in this country, and that there is no security that they will

remain in the country more than a year. However, advise them that letters of "good standing" from their own banks might be helpful.

APARTMENTS: Apartments should be cleaned, painted and investigated to be certain that everything is in working condition. This should include testing apartment and mailbox keys to be certain that they are the correct ones. A list of all mechanical devices (hide-a-bed couches; garbage disposals; refrigerators) and directions for their usage should be placed in all apartments. This list should also include the person and telephone number to call for repairs, information regarding maid service for single doctors, and where to obtain hospital linen if desired.

"BIG BROTHER" SYSTEM: A system could be established whereby one remaining house staff member is assigned to one or two new house staff members--preferably of the same nationality--to help orientate them during the first few weeks. If possible, the "big brother" should greet the new doctor on arrival and perhaps help him move into his apartment. The "big brothers" should help the new house staff become acquainted with the hospital and city, answer questions, and, in general, do whatever possible to help the doctors become better adjusted to their new environment.

INFORMATION PACKETS: A packet containing information about the apartments, the Hospital and Norwalk should be assembled (see Appendices A and B) for each doctor. These packets should be centrally located--behind the main desk, or next to the Volunteer Office, for example--where they could be picked up at <u>any</u> time.

2. ARRIVAL:

MEETING THE DOCTORS: If possible, arrangements should be made to meet the doctors at their arrival points in New York City. If

this is not feasible, exact travel information should be given prior to arrival concerning the airport limousine, the train or any other available means of travel. Once the doctors arrive in Norwalk, they should be met--by their "big brothers" if possible--brought to the hospital to pick up their information packets, and taken to their apartments. there should be a number in the hospital that they can call at any time to obtain information or to notify the hospital of their arrival. It is the doctors' responsibility to inform the hospital of their travel arrangements and arrival times.

APARTMENTS: If the apartments are not ready to be occupied, the doctors should be taken to temporary apartments or motels, with the hospital paying. However, if any doctor arrives before the designated time, the hospital should not be responsible for finding or paying for temporary housing.

3. AFTER ARRIVAL: There should be a period of at least three to four days after arrival before the new house staff must begin their medical duties in order for them to participate in this part of the orientation program.

FIRST DAY: The first afternoon after all or most of the doctors have arrived, they and their wives should be given a tour of the hospital. (Children could be kept by the Volunteers in a specified area of the hospital.) This tour should be followed by an informal "get-acquainted" tea. Attending this tea would be women from the Norwalk Welcome Wagon, who would speak and distribute information about Norwalk. Also attending would be the person arranging visits to area families, who would explain more about this service.

SECOND DAY: The following day the doctors and their wives

(children could again be kept in the hospital) should be split into small groups and taken on a tour of Norwalk, using the hospital van. Stores, shcools, restaurants, banks, post offices, parks, police and fire stations and other areas of interest and importance should be seen.

THIRD DAY: The next day there should be an informal picnic, dinner or buffet for all the house staff and their families, and all hospital personnel with whom the new house will be working.

4. CONTINUING:

FAMILY VISITATION: A service has been established whereby the house staff members and their families can visit area families for afternoons, evenings or weekings. This would enable the doctors to establish relationships in the community. Also, by meeting American families, the doctors would discover many aspects of American culture they would not otherwise be able too.

FILMS AND LECTURES: To gain an insight into the types of problems many of the patients at Norwalk encounter--and perhaps a better understanding of these patients--films and lectures should be presented. Topics could include: ghetto life in large cities, the drug problem, Black Power and Women's Liberation movements, the Vietnam war, college riots and reasons behind them, and the American political structure.

AREA TOURS FOR WIVES: Many of the wives are young mothers who do not work, do not drive, and therefore spend much of their time at home. Tours of interest points in the area would give them a chance to meet and become acquainted with each other, and an opportunity to be away from their household responsibilities for a while. Some tours should be arranged for places with special

interest for children. For tours to places in which children are unable to go, they can be kept in the hospital by Volunteers.

PLAY OR PARK AREA: A play or park area with a slide, swing, jungle gym and sandbox should be established somewhere. Until this is accomplished, the area behind the School of Nursing could be opened at least twice a week, and once on weekends. Also, if possible, a sandbox should be placed in the area between the two Prospect Arms apartment buildings.

PROUNUNCIATION GUIDE: During the first few days a pronunciation guide to all the new house staff names should be written and distributed to all hospital personnel, especially the switch-board. there should also be a space next to each name for the doctors to sign their names.

FOOD AVAILABLE ON CALL: There should be provisions made to have sandwiches, drinks or some type of food available for the doctors who are on call.

INFORMATION CONCERNING CAR PURCHASES: Since many of the doctors want to buy cars, consumers reports and/or other information should be placed in the library for their study. Arrangements should then be made to have someone speak to them about car loans and insurance.

APPENDIX A

INFORMATION PACKETS

Information Packets for the House Staff should contain the following:

1. The doctor's name, apartment house name, and apartment number written on the outside of the envelope.
2. Apartment and mailbox keys taped to the inside of the envelope.
3. A schedule of the activities planned during the first few days after arrival, and the hospital meeting schedule for the first month.
4. Maps--Hospital; Norwalk; New York City; New England area.
5. An organizational chart of the Hospital, including the physicians in charge of the various services.
6. Chamber of Commerce booklet about Norwalk.
7. Beach stickers (in season).
8. Brochures of cultural events in the Norwalk area.
9. Information and questionnaire concerning visitation of area families.
10. Information about the Hospital--including recreational facilities available.
11. Information about the YMCA.
12. Hospital name tag.
13. Two "punch-out" adhesive name labels with Dr._____, or Dr. and Mrs._____ on them--one for the apartment door, the other for the mailbox.
14. Compilied list of information about the Norwalk area. (See Appendix B)

APPENDIX B

AREAS FOR CONSIDERATION IN AN

ORIENTATION PROGRAM

(TABLE OF CONTENTS--NORWALK AREA INFORMATION)

Laundries

Libraries

Museums

Newspapers and Home Delivery

Places of Worship

Post Offices

Radio Stations

Recreation Areas

Restaurants

Shopping Centers

Stores

- Appliance
- Book
- Clothing
  - Men
  - Women
  - Children
- Department
- Fabric
- Grocery, Delicatessens, and Supermarkets
- Liquor
- Photography--Film Developing
- Shoe
- Spice and Speciality Food Items

Transportation--City

SAMPLE ORIENTATION INFORMATION

Child Care

Baby Sitting Services:

Student Nurses--Hospital ext. 331. Minimum charge is $1.50 per hour

Peter Pan Baby Sitting Service
7 Huckleberry Dr., Norwalk
847-3040
One can buy a year's membership. If not a member, there is a minimum service charge plus the sitter's fee each time. Sitters have their own transportation, and they will sit during holidays and all night for varying rates. The service employs teenagers and mature women, with varying rates for each group.

See the Yellow Pages under Baby Sitters for other listings.

Day Care Centers or Day Nurseries--Nurseries that will keep children all day long, and usually operate all year. Children usually must be between the ages of three and five, and are usually required to have a health certificate. Day Care Centers are usually used by working wothers.

Greater Norwalk Day Care Association, Inc.
718 West Ave., Norwalk
838-9104

A B C Nursery School
329 Wilton Rd., Westport
227-2411
Transportation available

Tiny Tots Playskool
109 North Taylor Ave., Norwalk
838-8755 or 838-1835

See the Yellow Pages under Day Nurseries for other listings

Nursery Schools--Nursery Schools differ from Day Care Centers in that they usually operate during the school year only--September through June--and usually just half a day a few days a week. Each school has its own schedule and rates. There are different classes for three year olds and four to five year olds. Children must be three or four years old on or before December 31st of the year they begin. They may learn their colors, the alphabet, or numbers

Robin Hill Nursery School
35 Couch, South Norwalk
866-0917 or 762-7955

Montessori Child's Work Center
14 Bartlett Ave., Norwalk
846-1232
They take children from 2 1/2 years old to 3 1/2 years old and keep them for three years. This is a school, and not just a "play period." Call for more information.

Elementary, Middle or High Schools--A new system beginning this year is dividing the school system in Norwalk into elementary school--grades kindergarden through fifth (ages 5-10 approximately); middle schools--grades six through eight (ages 11-13 approx.); and high schools--grades nine through twelve (ages 14-17 approx.). Most children living in the Norwalk Hospital area will go to the Jefferson School, Mott Ave. (back of school is on Prospect Ave., within walking distance), elementary school; Benjamin Franklin Middle School, 165 Flax Hill Road, middle school; and Brien McMahon High, Highland Ave., high school. To enroll children, go to the school before 3:00 p. m., Monday through Friday; take the child's birth certificate and any records from schools previously attended in the United States. Every child entering the Norwalk Public School System for the first time will need a health certificate. Children must be five years old to enter kindergarden, and six years old to enter first grade on or before December 31st of the year they begin.

Private Schools--Some schools are day schools only, and students live at home or elsewhere; others are boarding schools, and the students live at the school. Each school has its own rates.

Fairfield Country Day School
1970 Bronson, Fairfield
1-255-1556
Boys only, kindergarden through grade nine

Low-Heywood School, Inc.
1570 Newfield Ave., Stamford
1-322-3413
Day school for girls, grades seven through twelve
College preparatory

Parochial Schools--Catholic schools. For information, call 847-0481 and ask for the specific school.

High Schools:

Central Catholic High School

Elementary Schools

St. Jerome
23 Half Mile Road, Norwalk

English and Cross-Cultural Orientation for Foreign Medical Graduates: A Proposal

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I. PROPOSAL RATIONALE

Over 6000 (1) Foreign Medical Graduates (FMG's) from the Far East, the Middle East, Europe, Latin America, Africa and Canada enter the United States each year to become interns and residents in American hospitals. Some are Americans who have studied abroad and are returning to complete their training, but most are foreign nationals coming to the United States to further their medical studies. (2) It is the latter group this proposal concerns.

These FMG's fill a vital role in American hospitals. There are not enough American medical school graduates to staff the hospitals in the United States; without the Foreign Medical Graduates many hospitals would be so understaffed that they could not function normally. Of the forty-two members of the house staff (the interns and residents) of the Norwalk Hospital, Norwalk, Connecticut, for the year 1971-72, forty-one were non-American Foreign Medical Graduates.

In order to intern in the United States, FMG's must pass an exam given by the Eductional Council for Foreign Medical Graduates. One portion of the exam--given in English--tests medical knowledge; the other portion tests English language ability overall. In September of 1969, out of 12,571 candidates only 1296 failed the English language portion of the exam as opposed to only 4316 that passed the medical portion. (3) However, while the FMG's may have a fair knowledge of "textbook" English, or are well acquainted with British English, the problem is that they may have little or no knowledge of conversational <u>American</u> English, its colloquialisms, or its various accents, and, since Foreign Medical Graduates are

expected to immediately assume the same responsibilities as their American counterparts, (4) the FMG will find this virtually impossible without adequate language skills. Without adequate language skills, the FMG, however competent in medical skills as he may be, will appear inept in doctor--patient relationships, which could be damaging to both patient and doctor.

Patients, due to the fact that they <u>are</u> patients, are in a situation in which they may feel uncomfortable, confused and apprehensive. They expect to be cared for and comforted. If these patients are confronted by a doctor whom they cannot understand, or who cannot be understood <u>by</u> them, they become frustrated and even more uncomfortable. One patient at the Norwalk Hospital in a similar situation stated: "...I don't think it's fair or considerate to subject any person, healthy, sick or dying to the humiliating, upsetting, and frustrating experience or being examined (history and physical) by someone who does not understand the English language...." (5) In this type of situation, the patient has lost confidence in this doctor. If similar situations continue to occur to this doctor, he will lose confidence also--in himself and his medical capabilities.

Combined with the necessity to learn spoken English is the necessity to become acquainted with some aspects of American culture. Although Foreign Medical Graduates may have a rudimentary knowledge of American culture and mores gleaned from American movies and Magazines, they may not have the specific knowledge necessary to function both as a doctor in, and a member of, an American community.

Since most of the FMG's will be in large city areas practicing in community or county hospitals, gaining an insight into

the problems many of their patients face daily should enable the FMG's to better relate to these patients. Also, many FMG's have problems with the "personalized" system of medical care in America. Many countries have systems of national health services and not private hospitals, and the close doctor--patient relationship found in the United States does not exist. (6) By being aware of this relationship before encountering patients, the FMG's will have a better understanding of what their patients will expect from them. The Foreign Medical Graduate--and through him his family, if any--also need orientation into the everyday patterns of American life: where and how to buy food, clothing and other essentials; the school system; banking; insurance; community programs; types of entertainment.

Unfortunately, there are very few English language and orientation programs for Foreign Medical Graduates in the United States. Although FMG's have been in the United States for over twenty years, only recently has the general hospital community become aware of the special problems of the foreign doctor. In 1968, the first study was done comparing foreign graduates and American graduates on their ability to adapt to the hospital situation. Only in 1969 did Philadelphia have its "First Symposium on the Problems of Foreign Medical Graduates," even though Philadelphia has had types of language training and orientation programs for six years. (7) Only in 1971 did the American Medical Association issue a directive concerning programs for FMG's. It stated in part: "Effective participation in the medical management of patients is impossible without an appropriate degree of appreciation by the foreign trained physicians of the cultural backgrounds of their patients. Such appreciation is unlikely to develop in the absence

of carefully planned and conscientiously conducted porgrams of contact with a wide cross-section of American family life and of other non-medical activities characteristic of the American way of life. Special educational activities should be designed to correct ...deficits...in some cases in the use of the English language." (8) Philadelphia--which is the national headquarters of the Educational Council for Foreign Medical Graduates--is the only city which has documented their efforts in the area of porgrams for FMG's. They have combined the resources of the Philadelphia County Medical Society, the Philadelphia Center for International Visitors, the International Hospitality Program and the Philadelphia Board of Education (9.) for their program. Many cities do not have the facilities--nor, in most cases--the cooperation within the hospitals and communities that Philadelphia has, however.

An English language and orientation program was proposed for the Norwalk Hospital in 1971. Some parts of the orientation program were implemented--those dealing with the immediate needs of the doctors and their families upon their arrival at the Hospital--but the English language program was not. Language and cross-cultural orientation programs are virtually impossible to establish after the Foreign Medical Graduates have begun their medical duties in the hospital. Due to their difficult schedules the FMG's are unable to attend classes on a regular schedule even though they may have requested these classes. Moreover, many hospital staffs do not believe the FMG's should be excused from medical duties for any non-medical reason. (10.) Unfortunately, these staffs do not seem to realize that language and orientation programs have a direct bearing on those medical duties. This was the problem encountered at the Norwalk Hospital in 1971. Many of

the heads of staffs would not excuse the FMG's in their specific services to attend language classes even though the Department of Education in the Hospital made these classes mandatory for some of the Foreign Medical Graduates.

The Foreign Medical Graduate forms an integral part of the hospital system in America. However, due to his lack of spoken English skills and knowledge of American culture and mores, he is in some cases a liability and not an asset. The problem is, therefore, how to better prepare the FMG for his professional duties in American hospitals and communities. Since "in-hospital" training programs are difficult to establish and/or maintain, the most logical solution would be to establish a language and cross-cultural program that would begin prior to the FMG's hospital commitment. This "pre-hospital" program would eliminate the pressures found in the hospital situation and would enable the FMG's to concentrate fully on the language and cultural orientation programs.

The School for International Training would be an ideal center for a "pre-hospital" English language and cross-cultural program as described above. The School for International Training has all the facilities for English language programs and cross-cultural orientation programs as well as a highly competent and trained staff capable of administering and executing these types of programs.

II. PURPOSE AND GOALS

The overall purpose of the program is to prepare Foreign Medical graduates for their stay in the United States, both in and out

of the hospital. Given this purpose, the following goals are proposed.

A. To acquaint Foreign Medical Graduates with basic question--response patterns specifically within doctor--patient dialogues.

B. To acquaint Foreign Medical Graduates with American English accents and colloquialisms.

C. To acquaint Foreign Medical Graduates with various aspects of American culture, life styles and social structure.

III. PROGRAM

The program will span four weeks and consist of a two-week concurrent language and cultural orientation program given on the School for International Training campus, and a two-week homestay.

A. Campus Program

1. English Language Program

Classes will be three hours per day with one hour of mandatory language lab between the second and third hours of class.

a. Class Material

Lessons will be structured around doctor--patient dialogues using a sample patient history form (see Appendix A) and the doctor--patient dialogues in the Collier-Macmillian Special English Series--Medicine. The instructor should not attempt to teach the portions of the series containing medical terminology. The FMG's do not need further study of medical terms except for pronunciation and listening comprehension, and the instructor could create patterns of negative reinforcement by pronouncing the terms incorrectly. This area of the series can be dealt with in the laboratory.

b. Laboratory Material

Laboratory lessons will be centered around the taped lessons of the Collier-Macmillan series. The FMG's will practice both the dialogues learned in class and the remainder of the material. With the tapes the FMG will be able to hear American accents within a medical context, the correct pronunciation of the medical terminology, and his own pronunciation of the medical terms. In order to minimize confusion on the part of the doctors, books should be used with the tapes to correlate the visual terminology with the audio.

c. Methodology

By using pattern drills, microwave techniques and extensive role play situations (see Appendix B), the FMG's will become familiar with the question patterns they will need in dealing with patients on a daily basis. Keeping in mind that these doctors will be in contact with people from different age and socio-economic levels, substitution drills should contain many word and phrase cognates. For example: "doc" for doctor; "belly" and "tummy" for stomach; "kid" for child; "pass water" for urinate; "throw up" and "upchuck" for vomit; "a stitch in my side" for "a pain in my side." While it is not the purpose of the program to teach what is sometimes referred to as "slang," it <u>is</u> the purpose of the program to enable the doctors to communicate with their patients. This means not only understanding the patients, but using terminology understood <u>by</u> them. The instructor

should, however, differentiate between the colloquial forms and the more standard English forms.

d. Supplementary Material

The instructor may use any supplementary teaching aids he or she feels would benefit the class insofar as they do not deviate from the goals of the course.

2. Cultural Orientation Program

Because of the variety of material and presentations contained in this part of the program, there need not be any set hours. The Foreign Medical Graduates will be taking part in cultural orientation merely by being in contact with the staff, the students, the food and the climate. The planned orientation program will contain as much as possible of the following:

a. Films, Discussions or Readings on:

1. Problems of inner-city and ghetto life, including health, drug and crime problems
2. Racial problems in the United States
3. Woman's role in the United States today
4. The American political system

b. Mini-Lessons on the following:

1. Currency and stamps
2. Types of stores--grocery, supermarket, department, drug--and what can be found in each
3. The school system, nursery schools and day-care centers
4. Public transportation systems
5. The telephone system and how to use the yellow pages

6. The type of information available at Chamber of Commerce offices in all cities

c. Lecturers

1. A doctor to discuss various aspects of doctor--patient relationships in the United States
2. A banker
3. An insurance agent
4. A tax consultant

d. Field Trips

1. Shopping tours
2. Hospital tour

e. Extracurricular Activities

1. Picnics
2. Parties
3. Dances

B. Homestay

The homestay reinforces the language and orientation programs and will give the Foreign Medical Graduate an insight into an aspect of American life stlyes that would not be possible to obtain through classroom orientation. The homestay should, if possible, be in the area in which the FMG will be practicing.

IV. TESTING

A. Placement

The University of Michigan Aural Comprehension Exam or an equivalent will be used for placement purposes upon the arrival of the Foreign Medical Graduates.

B. Aural Comprehension

Aural comprehension should be "tested" every day. One

method would be for the FMG's to listen to a short patient--doctor dialogue--taped or read by the instructor--and diagnose the patient's problem in their own words. Another method would be multiple-choice testing. The doctors would again listen to dialogues and answer prepared written questions. A variation of this would be to have the question and/or answers given orally also. Final evaluation testing would incorporate one of the above methods, although multiple-choice tests with written questions and answers would be more expedient for large groups.

C. Oral

Since one of the goals of the program is for the doctors to acquire a basic command of spoken English needed for doctor--patient dialogues, only an oral exam would be a valid evaluation. This will be done by the instructor role-playing as an patient with varying ailments and the doctors asking typical patient history questions (see Appendix A). Each FMG should be tested twice; once by his own instructor and again by another instructor and the scores averaged in order to form a more objective evaluation. (11)

V. FEEDBACK

The Foreign Medical Graduates and the educational personnel of the various hospitals at which the FMG's are placed should be contacted three months after the completion of the program to obtain their opinions on the value and effectiveness of the program. Since the return ratio of questionnaires is very low, the most effective method of obtaining these opinions would be through personal interviews at the respective hospitals.

VI. BUDGET

A. Expense to the School for International Training

1. Director's salary
2. Teachers' salaries
3. Instructional costs
   a. Collier-macMillian Special English Series--Medicine
      1. Books
      2. Tapes
   b. Audio-Visual aids
4. Printing costs
   a. Class materials
   b. Publicity
      1. United States
      2. Abroad
5. Overhead
   a. Maintenance
   b. Transportation
   c. Food
6. Insurance
7. Miscellaneous
   a. Fees for guest lecturers
   b. Extracurricular cultural activities' costs

B. Expense to the Foreign Medical Graduate

1. Room and board
2. Insurance
3. Tuition
4. Transportation to and from Vermont

VII. FOOTNOTES

(1) A. I. Sutnick, "First Symposium on the Problems of Foreign Medical Graduates," JAMA (1970), 213, p. 2243

(2) A. I. Sutnick, John F. Reichard, and Angelo P. Angelides, "Orientation of Foreign Medical Graduates," Exchange (Spring 1970), p. 97.

(3) "ECFMG Report," JAMA (1970), 212, p. 1899

(4) Sutnick, "Symposium," p. 2242

(5) Anonymous, Patient Survey, Department of Community Relations, The Norwalk Hospital (February 26, 1971).

(6) Sutnick, "Orientation," p. 98

(7) Sutnick, "Symposium," p. 2241

(8) George Mixter, "Memorandum to All Directors of Residency Programs in Internal Medicine," American Medical Association Memoranda (February 22, 1971).

(9) Sutnick, "Symposium," p. 2241

(10) Ibid.

(11) David P. Harris, Testing English as a Second Language, (New York, 1969), pp. 91-92

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APPENDIX A

The following is a copy of The Norwalk Hospital's Personal History form. A personal medical history is required from every person who comes to a hospital for any kind of treatment.

HISTORY REQUIREMENTS

Order of Recording:

1. Chief Complaint
2. History of Present Illness
3. History of Past Illness
   a. Childhood
   b. Adult
   c. Operations
   d. Injuries
   e. Previous Hospital Admissions
4. Family History
5. Social History and Habits
6. Systemic Review
   a. General
   b. Skin
   c. Head--Eyes--Ears--Throat--Nose
   d. Respiratory
   e. Cardiovascular
   f. Gastrointestinal
   g. Genito-Urinary
   h. Menstrual History
   i. Locomotor
   j. Neuropsychiatric
   k. Allergies--Drug Sensitivities

SAMPLE DIALOGUE:

Thirty-five year old white female

Intern : Hello, I'm Dr. A. What seems to be the matter?

Patient: My back hurts.

I. : For how long?

P. : Last night it started to get worse.

I. : I mean the first time.

P. : I would say about one month, but it was not bothering me very much, just a little bit, but last night it got worse and was almost killing me.

I. : How long did the pain last?

P. : About an hour, then it stopped, then a while later it started again and this time it didn't go away.

I. : And you decided to go to the hospital?

P. : That's right.

I. : Any nausea or vomiting?

P. : Oh, yes. First I felt sick to my stomach, and then I threw up.

I. : How many times?

P. : Only once.

I. : Where exactly do you feel the pain?

P. : All over my back.

I. : Where does it radiate?

P. : What?

I. : How far does it go? All the way to your shoulder?

P. : No, just to the middle of my back.

I. : What about passing water? Do you have to go frequently and is there any burning feeling?

P. : Yes. It burns, and I have to go all the time.

I. : Any blood in your urine?

P. : No.

I. : Have you ever had any operations?

P. : Yes. They took my gall bladder out.

I. : When was that?

P. : In 1964.

I. : Any major childhood diseases? Rheumatic fever?

P. : No. Just chicken pox.

I. : Any serious illnesses? Heart trouble? Kidney infection?

P. : No.

I. : Are your parents still alive? Any illnesses in your family?

P. : Yes, they're still alive. My grandmother died of cancer, though. I think in her stomach.

I. : Do you smoke or drink? If so, how much?

P. : No, I don't drink or smoke.

I. : Do you have any other complaints? Headaches? Shortness of breath?

P. : No.

I. : Any indigestion--upset stomach?

P. : Yes, sometimes.

I. : When?

P. : When I've eaten a heavy meal, like pork.

I. : Do you have any trouble with your Menstrual periods?

P. : No.

I. : You're always regular?

P. : Yes.

I. : Are you married? Any children?

P. : Yes. One girl.

I. : Any trouble with the pregnancy?

P. : No, but I was in labor for thirteen hours.

I. : Do you sleep well? Do you get angry or nervous a lot?

P. : Sometimes I take sleeping pills, but I don't think I'm very nervous.

I. : Are you allergic to any medication?

P. : Yes. Penicillin.

I. : Any other allergies?

P. : No, not that I know of.

I. : Thank you. Will you wait here, please?

Using this basic outline, the instructor can create as many patient--doctor dialogues as he or she wishes.

APPENDIX B

The following are some role-play situations the instructor can use for pattern reinforcement.

I. Instructor as "Doctor"

"Patients" must answer according to specific learned dialogue, either chorally or individually.

II. Instructor as "Patient"

A. "Doctors" question "patient" using a specific learned dialogue, either chorally or individually.

B. "Doctors" question "patient" using patterns from two or more learned dialogues.

C. Instructor has a card with a specific illness and medical history on it. Each doctor asks five or six question patterns--in order--from the patient history form.

III. Foreign Medical Graduates as "Doctors" and "Patients"

A. Chain drill using one specific learned dialogue. First person is a doctor, the second is the patient, third, the doctor, fourth, patient, and so on.

B. "Doctors" pick "patients" at random and vice versa; first with one specific learned dialogue, and then with two or more.

C. "Doctors" and "patients" are paired. Each "patient" is given a card with a specific illness and patient history on it; free question--answer dialogues using the patient history form.